



# MISS ARKANSAS' Outstanding Teen

*Promoting scholastic achievement, creative accomplishment, healthy living and community involvement for America's teens*

## HEALTH INFORMATION FORM

NOTE: This information is needed to assist treating your daughter should any problems arise.

NAME: \_\_\_\_\_

Title: \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Office Telephone: \_\_\_\_\_

Wireless Telephone: \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

\_\_\_\_\_

List any Allergies (Medication, Food, etc...) \_\_\_\_\_

\_\_\_\_\_

List all medications currently taking and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Contestant Signature Date

\_\_\_\_\_  
Parent or Guardian Signature Date